

Application for Funding

July 1, 2021 - June 30, 2022

Lakes Area United Way
P.O. Box 381
Brainerd, MN 56401
Email: kim@unitedwaynow.org



Funding applications are due **February 19th at 12:00pm** to Lakes Area United Way. **Applications are preferred in electronic format (i.e. Word Document or PDF), if you need to physically submit, please call Kim (612) 916-2116.**

No late applications will be accepted. There are no exceptions!

Successful applicants will meet the following minimum requirements:

- Operate as non-profit charitable: educational, civic, social welfare, or health service organization.
- Operate under written Articles of Incorporation and By-Laws, other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
- **Demonstrate effective program community impact, financial responsibility, and accountability.**
- Operate or provide service within Crow Wing and/or Cass counties in Minnesota.
- Must have been in operation minimum of one year from time of application.
- Certify that Lakes Area United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.
- Funding must provide for services or activities that align with the Lakes Area United Ways priority areas of education, health, and/or financial stability.

The following basic operating guidelines shall apply:

- Funds shall be used solely for the allocated purpose. Funded activities shall commence in a timely manner. Funds not expended shall be returned to Lakes Area United Way.
- No funds will be given for any purpose that would jeopardize the tax-exempt status of the Lakes Area United Way or the applicant organization.
- All funding applications will be reviewed by a team of community volunteers (Vision Council) who will make a recommendation on proposed funding to the Lakes Area United Ways Board of Directors.
- All funding shall be approved by the Board of Directors of the Lakes Area United Way.
- Organizations will receive written notification of the Board's decision no later than July 1, 2021.
- Funding recipients shall conspicuously acknowledge Lakes Area United Way in promotional materials, activities, and programs funded with money allocated by United Way.

Submission Requirements:

- Application forms are available via our website: www.unitedwaynow.org or via email.
Email completed electronic packet to: kim@unitedwaynow.org
- Complete packet must include all documentation listed in the Program Funding Checklist



2021 – 2022 Impact Agenda

Education: Helping People Achieve Their Potential Through Education

- 1) Helping children enter school developmentally on track and ready to succeed.
- 2) Key initiatives improving access to educational opportunities.
- 3) Educational growth opportunities, including literacy.
- 4) Support high-quality child care, after-school programs, healthy habits, and mentoring.
- 5) Support all levels of educational opportunities from young to elderly.

Income: Promoting Financial Stability and Independence

- 1) Helping families move toward financial independence.
- 2) Helping increase income levels.
- 3) Increasing accessible financial education resources.
- 4) Increasing financial literacy and stability.
- 5) Helping stabilize families and helping them to succeed in the workforce.

Health: Working to Ensure Everyone Has Access to Affordable and Quality Care

- 1) Support programs that increase health and wellness.
- 2) Access to basic health care and prevention programs.
- 3) Reduction of risky behaviors for both youth and adults.
- 4) Reduce and prevent child abuse and neglect.
- 5) Maternal health and infant well-being.



Lakes Area United Way

Program Funding Checklist

Please return completed and signed application packets by 12pm on Friday, February 19, 2021. No grant application will be considered if submitted after the deadline.

If all fields/questions are not completed, the application is considered incomplete and will not be considered for funding.

Agency Name: _____ Phone: _____

Submitted by: _____ Email: _____

Please submit the following:

- 1) Organization Information Form _____
- 2) Program Funding Application _____
- 3) Program Narrative _____
- 4) Organization's Current and Last Fiscal Year Budget _____
- 5) Program Budget (if not specifically outlined in Organizational Budget) _____
- 6) Affidavit of Compliance for UW Supported Programs _____
- 7) 501(c)3 Letter with Federal ID number (or Tax Exempt Letter) _____
- 8) Current Board Roster, Contact and Meeting Information _____
- 9) Formal policy of non-discrimination _____
- 10) Copy of By-laws and/or Constitution _____
- 11) **Unbound** copy of Audit or financial review _____
- 12) Copy of most current IRS 990* _____

*If you are not required to file a 990, you are still required to fill out the front page of the form and submit it with your application packet in order to be considered for funding by the Lakes Area United Way.

ORGANIZATION INFORMATION FORM

Legal Name of Organization

Address for correspondence relating to this application

City, State, Zip

Telephone

Fax

INDIVIDUALS RESPONSIBLE:

Executive Director (or top paid staff)

Direct dial phone #

Email of Executive Director (or top paid staff)

Local Contact Person (if different)

Title

Direct dial phone #

Email of Local Contact Person

MISSION STATEMENT

NUMBER OF STAFF

_____ Full Time

_____ Part Time

_____ Volunteers

DATE OF ORGANIZATION'S ESTABLISHMENT: _____

ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA Patriot Act and other counterterrorism laws, the Lakes Area United Way requires that each organization certify the following:

"I hereby certify on behalf of _____ (insert organization name) that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Print name: _____ Title: _____

Signature: _____ Date: _____

PROGRAM FUNDING APPLICATION

Please fill out the following form to show what programs are requesting funding from Lakes Area United Way.

Use the following key to complete the “FOCUS AREA” column. Please choose one focus area that most closely relates to each program.

E = Education: Early childhood development; after-school and summer childcare; supportive relationships with caring adults; skill-building through structured development programs, providing tools for learning, improving school readiness, promoting literacy

F = Financial Stability: Supporting basic needs while increasing financial education, maximizing income, increasing savings

H = Health: Increasing access to critical healthcare services, reducing substance abuse, child abuse, and domestic violence, increasing health education and preventative care

<u>PROGRAM NAME</u>	<u>FOCUS AREA</u>	<u>PROGRAM BUDGET</u>	<u>2021-2022 Request</u>
		\$	\$

AMOUNT OF FUNDING REQUESTED

Total dollar amount being requested \$ _____

This funding request amount is for one year. The UW Board of Directors may award additional or reduced funding upon review of program reports and impact on community needs.

If not fully funded, will your program still be implemented? Circle one: YES NO

In order to receive a grant, you must comply with donating five hours per grant cycle, per program of volunteer time to events, writing donor thank you notes, or any other volunteer need with the Lakes Area United Way. Funded programs will also be required to submit progress reports every 6 months documenting measurable impact made in the community because of United Way grant dollars.

AUTHORIZATION

Name of top paid staff and/or Board Chair (please indicate position):

Signature: _____

*Applicants receiving funds are expected to buy as many supplies as possible locally.

PROGRAM NARRATIVE

Please fill out **one narrative for each program** (max 2 program submissions per organization) requesting funding from Lakes Area United Way. When responding to the questions, please use as much or as little space as needed to completely and accurately answer each question. Attach supporting/additional pages and documentation if needed.

AGENCY NAME: _____

PROGRAM NAME: _____

Focusing on program outcomes is defined as a systematic process for an organization to obtain information on the effectiveness of its work so that it can improve its activities and describe its accomplishments. Please be detailed in your responses.

United Way is not solely focused on the number of individuals you serve during the funding period, but it is a factor. Funding will be based upon the community need your program is focused on solving, how you are solving it, the measurement tools you use to review the effectiveness of your program's impact and your collaboration with other resources to be more effective. We know some programs are based upon serving people only and consideration will be given, but stronger funding will be focused on the answers to the following:

1. How are you responding to the community needs in your impact area? Please give specific details.
2. What specific goals does your program have in making a lasting impact on the community issue you are trying to resolve? What is the impact your program has on our community? On average how many people are served with this program annually, or how many people do you anticipate serving?
3. How are you measuring your success and effectiveness in resolving the community issue? How often do you review the success and effectiveness of your program? Please give specific details of your measurement tools.
4. What other organizations/resources are you collaborating with to be more effective in attaining your program goals and meeting the community need you described earlier?
5. How has your organization responded to the COVID-19 pandemic? Has your organization implemented a COVID-19 preparedness plan? *****If requested, this plan would need to be made available for review by the Lakes Area United Way or its representatives.***

**AFFIDAVIT OF COMPLIANCE
for
UNITED WAY SUPPORTED PROGRAMS**

This must be notarized and submitted every year you submit.

STATE OF MINNESOTA)
) SS.
COUNTY OF)

The Undersigned, _____ and
(Name)
 _____, respectively, the
(Name)
 _____ and the _____
(Title) (Title)
 of _____
(Name of Organization)

a Minnesota non-profit corporation (hereinafter the "charitable agency"), being first duly sworn, upon oath, depose and say as follows: We have conducted or caused to be conducted an examination of such files, books, and records as we have deemed appropriate to conclude that:

1. The Determination Letter received by the charitable agency from the Internal Revenue Service which acknowledges that the charitable agency is an organization described in Section 501(c) (3) of the internal Revenue Code of 1954, as amended (the "code"), is still in effect.
2. Contributions to the charitable agency are deductible for federal and Minnesota income tax purposes pursuant to Section 170 of the code.
3. The charitable organization is in compliance with all relevant provisions of Chapter 309 of the Minnesota Statutes.
4. The Undersigned are authorized and empowered to submit this Affidavit of Compliance on behalf of the charitable agency pursuant to the charitable agency's Articles of Incorporation and Bylaws (or other governing instruments) and/or duly adopted resolutions of the charitable agency's governing body.

Name of Charitable Agency

By _____

Its _____

Dated _____

And

By _____

Its _____

Subscribed and sworn to before me this _____ day of

Notary Public: _____ County, Minnesota



Lakes Area United Way

Agreement between Lakes Area United Way and

This agreement outlines the basic standards of the partnership relationship between Lakes Area United Way (MN) and funded organizations for the period July 1, 2021– June 30, 2022.

Lakes Area United Way agrees to:

- Build partnerships to identify the critical health and human service issues for the greatest community impact.
- Convene diverse community stakeholders to mobilize the community toward making changes in community conditions.
- Facilitate and participate in community initiatives that enhance our collective ability to address changing and emerging community issues.
- Raise awareness of United Way funded programs and build community understanding of the valuable services and results achieved.
- Conduct an annual community-wide campaign to raise resources to address identified community priorities and to build on community strengths.
- Maintain ongoing communication with United Way funded programs and inform them of significant changes.
- Recognize the autonomy and responsibility of the funded programs' organization to determine its own policies and to manage its own service within the scope and spirit of this agreement.
- Distribute approved funds to United Way funded programs. Funding levels are subject to the dollars raised and collected. The United Way Board of Directors reserves the right to adjust grants accordingly. Agencies will be notified immediately of any adjustments. Funding is also subject to meeting the standards outlined below.
- Operate within the same set of standards, outlined below, as United Way funded programs and their organizations.
- Promote volunteerism and the importance of the system of voluntary nonprofit services and how those increase the quality of life in our community through our volunteer platform GetConnected.

Agency agrees to:

- Operate as a non-profit, tax-exempt 501(c)(3) charitable, human service organization, educational, or local unit of government.
- Operate under written Articles of Incorporation and By-laws or other written documents or statutes that define the organization's purposes, membership, management and operation.
- Use Lakes Area United Way's funding for the specific program(s) approved by United Way. All funded program(s) will impact local people within Crow Wing and Cass Counties.
- **Report results of services within the United Way funded program(s) that address identified needs and build on the strengths of local people. Results are changes in people's lives related to knowledge, skills, attitudes, behavior, or condition. Reports will be due January 31st and July 31st highlighting program results from July 1st to December 31st and January 1st to June 30th. If a report isn't received, your funding will be held until received.**
- Be directly accountable to the organization's board of directors or have its own advisory committee which reports to the board of directors.
- Demonstrate ability to manage the funded program(s) in accordance with generally accepted accounting principles. The funded program(s) must provide a copy of the organization's annual audit and management

letter, conducted by an independent certified public accountant or accounting firm. Accompanying this information will be a statement from the organization indicating plans to address any significant areas of concern identified in the audit and/or management letter.

- **Identify itself clearly as an agency partner of United Way in its communications, including but not limited to: printed documents, websites, and broadcast communications.**
- **Give five (5) hours of volunteer time per fiscal year at United Way opportunities. Volunteer hours must be documented through GetConnected, our volunteer tracking website.**
- Cooperate with, and give enthusiastic support to, the Lakes Area United Way and the annual fund-raising campaign, making available volunteer and professional leadership and such other services as may be helpful to assure success of the campaign.
- Maintain ongoing communication with Lakes Area United Way and inform United Way of significant changes in the funded program(s) or organization. United Way may withhold previously allocated funds to the organization in the event that significant changes may affect the purpose that the funds were approved. Approved funds not expended shall be returned to United Way.
- Offer the opportunity for participation in its programs, services, staff employment and membership on its board of directors to all persons without regard to race, religion, creed, sex, national origin or disability of any nature in compliance with any applicable State or Federal laws.
- Comply with the Lakes Area United Way Agency Fundraising Policy which follows:
 - The United Way and its partner organizations must work together to secure the necessary funds needed to maximize support for the community's human service organizations. Organizations are asked to respect the spirit of cooperation on which their United Way relationship is based and to support the annual campaign through prudent scheduling of activities and events and a commitment to effective co-marketing with the United Way. United Way focuses the great majority of its fundraising efforts in workplace settings during the fall of each year.
 - United Way funded organizations will not initiate or participate in any non-United Way organized solicitation of employees at the workplace at any time of the year in this service area. *An organized solicitation is a federated campaign in the workplace, organized with the support of the employer, through which monetary contributions are solicited from employees.*
 - **United Way funded programs will not solicit designations of United Way contributions specifically directed toward themselves or other programs.**
 - Lakes Area United Way agrees that the following types of self-support are acceptable at all times:
 - In-kind donations of services or materials
 - Grants
 - Participating memberships
 - User fees and program service fees
 - Property rental
 - Investment income
 - Unsolicited donations
 - Contributions from outside the Lakes Area United Way service area.
 - 'Quid pro quo' sales of merchandise, products, events or services.
- **Both parties agree that the following activities are restricted at any time:**
 - Employee campaign solicitation of payroll deductions at Employer

When an organization goes through the Lakes Area United Way allocations process, is approved for funding and signs this agreement, that organization is considered a United Way Partner Organization. Either party may revoke this agreement. Sixty (60) day notice must be given. The party to whom notice of termination is given shall have the right to a hearing before the governing board of the other party to request consideration of any such revocation.

Agency Executive: _____
Name (Print) Title

Signature: _____ Date: _____